

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

4944

=63-021484

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 17 1963

1. PLACE OF DEATH

a. COUNTY

City of St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Firmin Desloge Hosp.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

c. CITY
OR
TOWN

St. Louis Mo.

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

320 E. Clinton

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

William

Dew

4. DATE

Month

Day

Year

OF
DEATH

5

3

63

5. SEX

M

6. COLOR OR RACE

Col.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-6-18

9. AGE (last birthday)

44

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

City of St. Louis

10b. KIND OF BUSINESS OR INDUSTRY

T.V. REPAIR

11. BIRTHPLACE (City and state or country)

WEBSTER GROVES MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Dew William

13b. MOTHER'S MAIDEN NAME

Thompson Christine

14. NAME OF HUSBAND OR WIFE

Costella

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of)

NO

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

N Costella Dew 320 E. Clinton

18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac arrest

INTERVAL BETWEEN ONSET AND DEATH

20 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cardiomegaly

416X

?

DUE TO (c)

Rheumatic heart disease

?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

pulmonary infarcts.
Arteriosclerotic heart disease & myocardial infarction

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 1, 1963 to May 3, 1963 and last saw him alive on May 3, 1963

Death occurred at 11:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles Hoppel, M.D.

22b. ADDRESS

1325 So. Grand Blvd.

22c. DATE SIGNED

5/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-8-63

23c. NAME OF CEMETERY OR CREMATORY

Father Hickman

23d. LOCATION (City, town, or county)

Crestwood mo

24. FUNERAL DIRECTOR

J. J. Gantlett & Son 22 Euclid

ADDRESS

25. DATE RECD. BY LOCAL REG.

MAY 7 1963

26. REGISTRAR'S SIGNATURE

Neal Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4543

P. O. Address 2200

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.